Certificate Number: 01401-NYE-CC-031801901



CERTIFICATE OF COUNSELING

I CERTIFY that on October 23, 2018, at 2:00 o'clock PM EDT, Vincent Marino received from GreenPath, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of New York, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 23, 2018 By: /s/Jeremy Lark

Name: Jeremy Lark

Title: FCC Manager

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORKX	
In re: Vincent Marino	
Debtor.	STATEMENT PURSUANT TO LOCAL RULE 2017-1
I, KEVIN B. ZAZZERA, an attorney admitted to practice in the	ne United States District Court,
Eastern District of New York sates the following:	
1. I am the attorney for the above-captioned Debtor and a	nm fully familiar with the
facts herein.	
2. That prior to the filing of the Petition herein, I rendered	d the following service to
the above-named Debtor:	
 (a) October 19, 2018, initial interview, analysis (b) February 4, 2019, preparation of Petition a (c) February 4, 2019, typing by secretary of all (d) February 11, 2019 reviewed all Petition Sci (e) February 12, 2019, reviewed corrected Sciwere executed, 1.5 hours; (f) Anticipated time in Court. 	nd all Schedules in draft, 2.5 hours; Petitions and Schedules, 2 hours; hedules with Petitioner, 1.5 hours;
3. I will represent the Debtor at the first meeting of credit	tors.
4. All services rendered prior to the filing of the Petition	herein were rendered by
my office.	
5. That my usual rate of compensation of a bankruptcy m	natter of this type is
\$375.00 per hour and secretarial time is \$75.00 per hour.	

Dated: Staten Island, New York February 12, 2019

KEVIN B. ZAZZERA (KZ 3593)

CO. FILE DEPT. CLOCK VCHR. NO. 032 YW8 016708 007755 0000053125 1

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615

COMPANY PH#: 919-948-7500

Taxable Marital Status: Single Exemptions/Allowances:

Federal: 0

NY: 0

New York Cit: 0

Earnings Statement



Period Beginning:

01/13/2019 01/26/2019

Period Ending: Pay Date:

02/01/2019

VINCENT MARINO 64 IONIA AVE STATEN ISLAND STATEN ISLAND NY 10312

Your	federal	taxable	wages	this	period	are
\$1,9	35.47					

Earnings	rate l	nours	this period	year to date
Reg	15.0000 8	0.00	1,200.00	3,440.00
Overtime	22.5000	3.27	73.58	283.34
Comm Rep			790.50	1,214.70
Overtime Com			15.52	27.40
	Gross Pay		\$2,079.60	4,965.44
Deductions	Statutory			
	Federal Income T	ax	-234 . 37	502.27
	Social Security Ta	ìХ	-125 . 15	296.57
	Medicare Tax		-29 . 27	69.36
	NY State Income	Tax	-91 .48	198.59
	New York Cit Inc	ome Tax	-62 . 56	136.98
	NY SUI/SDI Tax		-1 . 20	3.60
	NY Paid Family L	eave Ins	-3 . 18	7.59
	Other			
	Fsa Medical	4	-8 . 46*	25.38
	Pretax Dental		-11 . 28*	22.56
	Pretax Medical		-38 . 17*	124.94
	Vision		-3 . 04*	9.12
	Vol Life & Add		-0 . 55	1.65
	401K		-83 . 18*	198.62
	Net Pay		\$1,387.71	
	Checking 1		-1 ,387.71	
	Net Check		\$0.00	

Other Benefits and		
Information	this period	total to date
Ny Metro Tax	6.86	16.26
Pto Balance	43.08	
Sick Balance	44.00	
401K Max Elig/C	2,079.60	
401Kma	83.18	198.62
Pto Balance Sick Balance		43.08 44.00

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 252-317-0388

* Excluded from federal taxable wages

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615

COMPANY PH#: 919-948-7500

Advice number: Pay date:

00000053125

02/01/2019

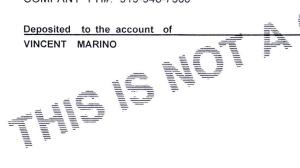
Taccount number

transit ABA

amount \$1,387.71

@ 2000 A DP. LLC

xxxxx0915



FILE DEPT. CLOCK VCHR. NO. 032 YW8 016708 007755 0000033096 1

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615

COMPANY PH#: 919-948-7500

Taxable Marital Status: Single Exemptions/Allowances:

Federal: 0 NY: 0

New York Cit: 0

Earnings Statement

Period Beginning: Period Ending:

12/30/2018 01/12/2019

Pay Date:

01/18/2019

VINCENT MARINO 64 IONIA AVE STATEN ISLAND STATEN ISLAND NY 10312

Earnings	rate	nours	tnis period	year to date
Reg	15.0000	80.00	1,200.00	2,240.00
Overtime	22.5000	5.70	128.25	209.76
Comm Rep			208.71	424.20
Overtime Com			6.94	11.88
	Gross Pay		\$1.543.90	2 885 84

Gross Pay \$1,543.90

Deductions	Statutory		
	Federal Income Tax	-145 . 53	267.90
	Social Security Tax	-91 . 95	171.42
	Medicare Tax	-21 .50	40.09
	NY State Income Tax	-59 . 55	107.11
	New York Cit Income Tax	-41 . 22	74.42
	NY SUI/SDI Tax	-1 . 20	2.40
	NY Paid Family Leave Ins	-2 . 36	4.41

Other		
Fsa Medical	-8 . 46*	16.92
Pretax Dental	-11 . 28*	11.28
Pretax Medical	-38 . 17*	86.77
Vision	-3 .04*	6.08
Vol Life & Add	-0 . 55	1.10
401K	-61 .76*	115.44

Net Pay	\$1,057.33
Checking 1	-1 , 057 . 33
Net Check	\$0.00

Your federal taxable wages this period are \$1,421.19

Other Benefits and Information	this period	total to date
Ny Metro Tax	5.04	9.40
Pto Balance	40.00	
Sick Balance	41.00	
401K Max Elig/C	1,543.90	
401Kma	61.76	115.44
Pto Balance		40.00
Sick Balance		41.00
Important Notes		

Important Notes YOUR COMPANY'S PHONE NUMBER IS 252-317-0388

YOUR HOURLY RATE HAS BEEN CHANGED FROM 13.0000 TO 15.0000.

* Excluded from federal taxable wages

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615 COMPANY PH#: 919-948-7500

Advice number: Pay date:

00000033096

01/18/2019

account number

transit ABA

amount \$1,057.33

xxxxx0915

XXXX XXXX

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CO. FILE DEPT. CLOCK VCHR, NO. 032 YW8 016708 007755 0000012890 1

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615 COMPANY PH#: 919-948-7500

Taxable Marital Status: Exemptions/Allowances: Federal: 0 NY: 0 New York Cit:

Earnings Statement

Period Beginning: Period Ending:

12/16/2018 12/29/2018

Pay Date:

01/04/2019

VINCENT MARINO 64 IONIA AVE STATEN ISLAND STATEN ISLAND NY 10312

Your	federal	taxable	wages	this	period	are
\$1,22	28.16					

Other Benefits	and this period total	to date
Ny Metro Tax	4.36	4.36
Pto Balance	68.78	
Sick Balance	39.00	
401K Max Elig/0	1,341.94	
401Kma	53.68	53.68
Pto Balance Sick Balance		68.78 39.00
Important Not	es	
YOUR COMPANY'S	PHONE NUMBER IS 252-317-0388	

Earnings	rate h	ours	this period	year to date
Reg	13.0000 80	0.00	1,040.00	1,040.00
Overtime	19.5000	1.18	81.51	81.51
Comm Rep			215.49	215.49
Overtime Com			4.94	4.94
	Gross Pay	9	1,341.94	1,341.94
Deductions	Statutory			
	Federal Income Ta	ax	-122 . 37	122.37
	Social Security Ta	X	-79 .47	79.47
	Medicare Tax		-18 . 59	18.59
	NY State Income	Tax	-47 . 56	47.56
	New York Cit Inco	me Tax	-33 . 20	33.20
	NY SUI/SDI Tax		-1 . 20	1.20
	NY Paid Family L	eave Ins	-2 . 05	2.05
	Other			
	Fsa Medical		-8 .46*	8.46
	Pretax Medical		-48 .60*	48.60
	Vision		-3 .04*	3.04
	Vol Life & Add		-0.55	0.55
	401K		-53 .68*	53.68

* Excluded from federal taxable wages

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615

\$923.17

-923 . 17

\$0.00

COMPANY PH#: 919-948-7500

Net Pay

Checking 1

Net Check

Advice number:

00000012890 01/04/2019

account number

transit ABA XXXX XXXX

amount \$923.17

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CO. FILE DEPT. CLOCK VCHR. NO. 032 YW8 016708 007755 0000516820

Earnings Statement

12/02/2018

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615 COMPANY PH#: 919-948-7500

Period Beginning: Period Ending: 12/15/2018 Pay Date: 12/21/2018

Taxable Marital Status: Single Exemptions/Allowances: Federal: 0

VINCENT MARINO 64 IONIA AVE STATEN ISLAND

STATEN ISLAND NY 10312

NY: 0 New York Cit: 0

Deductions

* Excluded from federal taxable wages

Your federal taxable wages this period are \$995.06

Earnings	rate	hours	this period	year to date
Reg	13.0000	79.37	1,031.81	24,440.16
Overtime	19.5000	3.00	58.50	804.71
Bonus				1.29
Comm Rep				7,269.52
Overtime Com				65.03
Paid Time Off				208.00
Sick Time				390.00
Spiff				243.79
	Gross Pay		\$1,090.31	33,422.50

Other Benefits and Information	this period	total to date
Hith Plan Value	5,347.25	
Ny Metro Tax	3.53	95.73
Pto Balance	65.70	
Sick Balance	36.00	
401K Max Elig/C	1,090.31	
401Kma	43.61	1,336.89
Pto Balance		65.70
Sick Balance		36.00
Lanca and the state of		

Statutory		
Federal Income Tax	-95 .01	2,682.44
Social Security Tax	-64 . 40	1,988.95
Medicare Tax	-15 .06	465.16
NY State Income Tax	-33 .45	838.27
New York Cit Income Tax	-23 .84	614.86
NY Paid Family Leave Ins	-1 .37	42.12
NY SUI/SDI Tax		31.20
Other		
Pretax Medical	-48 .60*	1,263.60

-3.04*

-0.55

Important Notes YOUR COMPANY'S PHONE NUMBER IS 252-317-0388

401K -43 .61* **Net Pay** \$761.38 Checking 1 -761 . 38 **Net Check** \$0.00

@ 2000 ADP, LLC

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615 COMPANY PH#: 919-948-7500

Pay date:

00000516820 12/21/2018

Vision

Vol Life & Add

account number

Advice number:

transit ABA XXXX XXXX

amount

\$761.38

NON-NEGOTIABLE

79.04

6.05

1,336.89

year to date

7,269.52

65.03

746.21

208.00

390.00

243.79

450.10

591.02

40.75

804.82

31.20

76.00

5.50

1.29

CO. FILE DEPT. CLOCK VCHR. NO. 032 016708 007755 0000512597 1 YW8

ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615

COMPANY PH#: 919-948-7500

Taxable Marital Status:

hours

this period

264.64

5.16

Exemptions/Allowances: 0

Federal: NY: 0

New York Cit:

Earnings

Comm Rep

Overtime Com

Earnings Statement



Period Beginning: 12/01/2018 Period Ending: Pay Date:

12/15/2018 12/21/2018

VINCENT MARINO 64 IONIA AVE STATEN ISLAND

STATEN ISLAND NY 10312

*	Excluded	from	federal	taxable	wages	

Your federal taxable wages this period are \$259.01

Other Benefits and		
Information	this period	total to date
Hourly Comm Rat	2.91	
Ny Metro Tax	0.92	92.20
Overtime Comm R	1.45	
Overtime Hours	3.55	
Regular Hours	87.40	
401K Max Elig/C	269.80	
401Kma	10.79	1,293.28
Pto Balance		62.62
Sick Balance		33.00
Important Notes		
VOLID COMPANIAL DUCKE	AULINADED 10 050 04	7 0000

YOUR COMPANY'S PHONE NUMBER IS 252-317-0388

Reg 23,408.35 Overtime Bonus Paid Time Off Sick Time Spiff Gross Pay \$269.80 32,332.19 **Deductions** Statutory Federal Income Tax -11.67 2,587.43 Social Security Tax 1,924.55 -16.72Medicare Tax -3.91 New York Cit Income Tax -1.37 NY Paid Family Leave Ins -0.34 NY State Income Tax NY SUI/SDI Tax Other 401K -10 .79* 1,293.28 Pretax Medical 1,215.00 Vision Vol Life & Add Net Pay \$225.00 Checking -225 .00

> ABC PHONES OF NORTH CAROLINA INC. 8510 COLONNADE CENTER DRIVE SUITE 300 RALEIGH, NC 27615 COMPANY PH#: 919-948-7500

\$0.00

Net Check

Advice number: Pay date:

00000512597

12/21/2018

account number xxxxx0915

transit ABA XXXX XXXX

amount \$225.00

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United States Bankruptcy Court Eastern District of New York, Brooklyn Division

IN RE:		Case No.	
Marino, Vincent		Chapter 7	
Debtor(s)			
	VERIFICATION OF CREDIT	OR MATRIX	
The above named debtor(s) or atto- correct to the best of their knowled	· · · · · · · · · · · · · · · · · · ·	that the attached matrix (list of creditors) is true and	
Date: February 12, 2019	/s/ Vincent Marino Debtor		
	Joint Debtor		
	/s/ Kevin Zazzera Attorney for Debtor		

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285

Capital One 15000 Capital One Dr Richmond, VA 23238-1119

Cavalry Portfolio Serv PO Box 27288 Tempe, AZ 85285-7288

Cavalry Portfolio Services PO Box 27288 Tempe, AZ 85285-7288

Discover Fin Svcs LLC PO Box 15316 Wilmington, DE 19850-5316

Discover Financial PO Box 3025 New Albany, OH 43054-3025

Hyundai Capital Americ 4000 Macarthur Blvd Ste Newport Beach, CA 92660-2558 Hyundai Motor Finance Attn: Bankruptcy PO Box 20809 Fountain Valley, CA 92728-0809

Hyundai Motor Finance PO Box 20809 Newport Beach, CA 92660

LVNV Funding LLC PO Box 104 Greenville, SC 29602-0104

Lvnv Funding LLC PO Box 1269 Greenville, SC 29602-1269

Midland Funding 2365 Northside Dr San Diego, CA 92108-2709

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108-2709

Ray And Flan Attn: Bankruptcy 1000 Macarthur Blvd Mahwah, NJ 07430-2035 RMCB PO Box 1235 Elmsford, NY 10523-0935

Schachter portnoy, LLC 500 Summit Lake Dr Ste 4A Valhalla, NY 10595-2323

Selip & Stylianou 199 Crossways Park Dr Woodbury, NY 11797-2016

Syncb/lowes PO Box 965005 Orlando, FL 32896-5005

Synchrony Bank/Lowes Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896-5060

Tdrcs/raymour & Flanig 1000 Macarthur Blvd Mahwah, NJ 07430-2035

B201B (Form 201B) (12/09)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

IN RE:	Case No
Marino, Vincent	Chapter 7
Debtor(s) CERTIFICATION OF NOTICE TO CO	NSUMER DERTOR(S)
UNDER § 342(b) OF THE BANKI	
Certificate of [Non-Attorney] Bankrup	tcy Petition Preparer
I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, notice, as required by § 342(b) of the Bankruptcy Code.	, hereby certify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer,
X_	principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer, principal, responsible per partner whose Social Security number is provided above.	rson, or
Certificate of the Deb	otor

 $I\ (We), the\ debtor(s), affirm\ that\ I\ (we)\ have\ received\ and\ read\ the\ attached\ notice,\ as\ required\ by\ \S\ 342(b)\ of\ the\ Bankruptcy\ Code.$

 Marino, Vincent
 X /s/ Vincent Marino
 2/12/2019

 Printed Name(s) of Debtor(s)
 Signature of Debtor
 Date

 Case No. (if known)
 X
 Signature of Joint Debtor (if any)
 Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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Fill in this	s information to identi	fy your case:		
Debtor 1	Vincent Marino			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	FASTERN DISTRI	CT OF NEW YORK, BROOKLYN DIVISION	
	araptoy Court for the			
Case number				☐ Check if this is an amended filing
Official For	m 108			
Statemen	t of Intentio	n for Indiv	iduals Filing Under Chapt	er 7
			<u> </u>	12,10
	idual filing under chap		out this form if:	
creditors have	claims secured by you	ur property, or		
You must file this	er is earlier, unless the	ithin 30 days after yo	expired. ou file your bankruptcy petition or by the date set time for cause. You must also send copies to the o	
	ple are filing together the form.	in a joint case, both	are equally responsible for supplying correct info	ormation. Both debtors must sign
	d accurate as possiblur name and case num		eeded, attach a separate sheet to this form. On the	e top of any additional pages,
	ur Creditors Who Have			
1. For any creditor	s that you listed in Pa		Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the
information belo	ow. ditor and the property the	hat is collateral	What do you intend to do with the property that	Did you claim the property
			secures a debt?	as exempt on Schedule C?
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
Description of			Retain the property and enter into a <i>Reaffirmation</i> Agreement.	Yes
property			Retain the property and [explain]:	
securing debt:				_
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	LI NO
Descriptions			☐ Retain the property and enter into a <i>Reaffirmation</i>	☐ Yes
Description of property			Agreement. ☐ Retain the property and [explain]:	
securing debt:			Tretain the property and [explain].	
				
Creditor's			☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i>	□Yes
Description of			Agreement.	
property			☐ Retain the property and [explain]:	
securing debt:				

Official Form 108

Creditor's

☐ Surrender the property.

☐ No

Debtor 1	Marino, \	/incent	Case number (if known)	
name:			☐ Retain the property and redeem it.	☐ Yes
Descri	otion of		☐ Retain the property and enter into a Reaffirmation Agreement.	
propert			Retain the property and [explain]:	
securin	ng debt:			<u> </u>
Part 2:	List Your U	nexpired Personal Property Le	rases	
he inform	nation below	Do not list real estate leases.	listed in Schedule G: Executory Contracts and Unexpired Unexpired leases are leases that are still in effect; the leaf the trustee does not assume it. 11 U.S.C. § 365(p)(2).	
Describe	your unexpi	red personal property leases		Will the lease be assumed?
Lessor's r	name:	Hyundai Motor Finance		□ No
				■ Yes
Description Property:	on of leased	Installment account oper Credit Limit: \$8,820.00,	ned 3/1/2016 Remaining Balance: \$1,470.00	
Lessor's r	name:	Hyundai Motor Finance		□ No
				■ Yes
Description Property:	on of leased	Installment account ope Credit Limit: \$9,360.00,	ned 6/1/2013 Remaining Balance: \$246.00	
Part 3:	Sign Below			
		ry, I declare that I have indicated to an unexpired lease.	ted my intention about any property of my estate that sec	ures a debt and any personal
	Vincent Ma		Signature of Debtor 2	
	cent Marine lature of Debt	-	Signature of Debtor 2	
Date	Febru	ary 12, 2019	Date	

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION	<u></u>	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amende filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Vincent First name	First name
	license or passport). Bring your picture identification to your meetin with the trustee.	Middle name Marino G Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3604	

Debtor 1 Marino, Vincent			Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	64 Ionia Ave	If Debtor 2 lives at a different address:		
		Staten Island, NY 10312-3316 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Richmond	Number, Street, City, State & ZIF Code		
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Deb	otor 1 Marino, Vincent			Case numl	Der (if known)		
Par	t 2: Tell the Court About Y	our Bankruptcy Ca	ase				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	Chapter 7					
		☐ Chapter 11					
		☐ Chapter 12					
		☐ Chapter 13					
8.	How you will pay the fee	about how your attorn	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more de about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mor If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.				
			y the fee in installments. If you Installments (Official Form 103A)		attach the Application for Individuals to Pay The		
		I request the not required your family s	at my fee be waived (You may reto, waive your fee, and may do so	equest this option only if you a only if your income is less tha fee in installments). If you cho	are filing for Chapter 7. By law, a judge may, but is an 150% of the official poverty line that applies to oose this option, you must fill out the <i>Application</i>		
9.	Have you filed for bankruptcy within the last 8 years?	■ No.		<u>, </u>			
	•	District		When	Case number		
		District		When	Case number		
		District		When	Case number		
10.	Are any bankruptcy cases	■ No					
	pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
		Debtor			Relationship to you		
		District		When	Case number, if known		
		Debtor			Relationship to you		
		District		When	Case number, if known		
11.	Do you rent your residence?	■ No. Go to	line 12.				
	. 5514611961	☐ Yes. Has y	our landlord obtained an eviction	judgment against you?			
			No. Go to line 12.				
			Yes. Fill out <i>Initial Statement Albankruptcy</i> petition.	oout an Eviction Judgment Ag	ainst You (Form 101A) and file it as part of this		

Deb	otor 1	Marino, Vincent				Case number (if known)		
Par	t 3:	Report About Any Bus	sinesses \	ou Own	as a Sole Proprieto	or		
12.	of an	ou a sole proprietor y full- or part-time less?	■ No.	Go to	Part 4.			
			☐ Yes.	Name	and location of bus	iness		
	A sol	e proprietorship is a						
	indivi separ	ess you operate as an dual, and is not a ate legal entity such as poration, partnership, C.		Name of business, if any				
	sole p	have more than one proprietorship, use a ate sheet and attach it		Numb	er, Street, City, Stat	e & ZIP Code		
		s petition.		Chec	k the appropriate box	x to describe your business:		
				☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				
				☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
				☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))				
					Commodity Broker	(as defined in 11 U.S.C. § 101(6))		
					None of the above			
13.	Chap Bank	ou filing under ter 11 of the ruptcy Code and are a small business or?	deadlines	s. If you in s, cash-flo	dicate that you are a ow statement, and fe	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11		
	For a	definition of small	■ No.	I am not filing under Chapter 11.				
	busin	business debtor, see 11 U.S.C. § 101(51D).			I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
			☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4:	Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention		
14.		ou own or have any	■ No.					
		erty that poses or is ed to pose a threat of	☐ Yes					
	immi haza	nent and identifiable rd to public health or		What is	the hazard?			
	safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?				
	perisi livest or a b	xample, do you own hable goods, or ook that must be fed, building that needs tt repairs?		Where is	s the property?	Number, Street, City, State & Zip Code		
						, / - 2/ - mm - m - 1		

Debtor 1 Marino, Vincent Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

П Incapacity.

> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1	Marino, Vincent			Case number (if k	nown)		
Part	t 6:	Answer These Questic	ons for Repo	rting Purposes				
16.		t kind of debts do have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
				No. Go to line 16b.				
				Yes. Go to line 17.				
				Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
				No. Go to line 16c.				
				Yes. Go to line 17.				
			16c. St	ate the type of debts you owe that	t are not consumer debts or business debts	S		
17.		you filing under pter 7?	□ No. I a	am not filing under Chapter 7. Go	to line 18.			
	any	ou estimate that after exempt property is uded and		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
		administrative expenses are paid that funds will be		■ No				
	avai	lable for distribution nsecured creditors?		□ Yes				
18.	How many Creditors do		■ 1-49		□ 1,000-5,000	☐ 25,001-50,000		
		you estimate that you owe?	□ 50-99		5001-10,000	50,001-100,000		
			☐ 100-199 ☐ 200-999		10,001-25,000	☐ More than100,000		
19.		much do you	■ \$0 - \$50,000 □ \$50,001 - \$100,000		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
		nate your assets to orth?			□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
		□ \$100,001 □ \$500,001		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.		much do you	\$ 0 - \$50,	000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estir be?	nate your liabilities to	□ \$50,001	- \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	\$1,000,000,001 - \$10 billion		
			□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
			ω ψ500,001	-		·		
Part	t 7:	Sign Below						
For	you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
					aware that I may proceed, if eligible, und under each chapter, and I choose to proceed	er Chapter 7, 11,12, or 13 of title 11, Uniteded under Chapter 7.		
				represents me and I did not pay and and read the notice required by	or agree to pay someone who is not an atto 11 U.S.C. § 342(b).	orney to help me fill out this document, I		
			I request rel	ief in accordance with the chapte	er of title 11, United States Code, specified	d in this petition.		
				sult in fines up to \$250,000, or imp	aling property, or obtaining money or prope orisonment for up to 20 years, or both. 18 U	rty by fraud in connection with a bankruptcy J.S.C. §§ 152, 1341, 1519, and 3571.		
			Vincent M Signature of	arino	Signature of Debtor 2	_		
			Executed on		Executed on			
				MM / DD / YYYY	MM / D	D/YYYY		

Debtor 1 Marino, Vincent		Case	Case number (if known)			
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United States of person is eligible. I also certify that I have delivered	Code, and have explained to the debtor(s) the notice.	ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the the required by 11 U.S.C. § 342(b) and, in a case in by that the information in the schedules filed with the			
an attorney, you do not need to file this page.	petition is incorrect.	Ç ,	•			
	/s/ Kevin Zazzera	Date	February 12, 2019			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Kevin Zazzera					
	Printed name					
	Kevin B. Zazzera, Esq.					
	Firm name					
	182 Rose Ave Ste 3					
	Staten Island, NY 10306-2900					
	Number, Street, City, State & ZIP Code					
	Contact phone	Email address	kzazz007@yahoo.com			
	Kevin Zazzera		<u></u>			
	Bar number & State					

Fill in this information to identify your case and this filing: Debtor 1 Vincent Marino	
Debtor 1 Vincent Marino First Name Middle Name Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION	
Case number	☐ Check if this is an
<u></u>	amended filing
Official Farma 400A/D	
Official Form 106A/B	
Schedule A/B: Property	12/15
In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally reinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write you Answer every question.	sponsible for supplying correct
Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	
Do you own or have any legal or equitable interest in any residence, building, land, or similar property?	
■ No. Go to Part 2.	
☐ Yes. Where is the property?	
Part 2: Describe Your Vehicles	
someone else drives. If you lease a vehicle, also report it on <i>Schedule G: Executory Contracts and Unexpired Leas</i> 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes	es.
4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessorie Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	s
■ No	
☐ Yes	
5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for	pages \$0.00
.you have attached for Part 2. Write that number here=>	
Part 3: Describe Your Personal and Household Items	
Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
 Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No 	Same C. Stomphone.
Yes. Describe	\$500.00
furniture	J #500.00
 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mincluding cell phones, cameras, media players, games No 	usic collections; electronic devices

☐ Yes. Describe.....

Debtor 1	Marino, Vincent	Case number (if known)	
Examp ■ No	bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, collections, memorabilia, collectibles	or other art objects; stamp, coin, or	baseball card collections; other
☐ Yes.	Describe		
Examp —	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool instruments	tables, golf clubs, skis; canoes and	I kayaks; carpentry tools; musical
■ No □ Yes.	Describe		
■ No	ples: Pistols, rifles, shotguns, ammunition, and related equipment		
☐ Yes.	Describe		
□ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
■ Yes.	Describe clothes		\$200.00
	Ciotiles		Ψ200.00
■ No □ Yes. 13. Non-fa Exam ■ No □ Yes. 14. Any of	ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, he Describe arm animals ples: Dogs, cats, birds, horses Describe ther personal and household items you did not already list, including ar Give specific information		, silver
	the dollar value of all of your entries from Part 3, including any entries f 3. Write that number here		\$700.00
Part 4: De	escribe Your Financial Assets		
Do you o	wn or have any legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	ples: Money you have in your wallet, in your home, in a safe deposit box, and o	n hand when you file your petition	
■ Yes.		cash	\$50.00
	its of money ples: Checking, savings, or other financial accounts; certificates of deposit; sh institutions. If you have multiple accounts with the same institution, list		uses, and other similar
	Institution name:		
<u> </u>			
	17.1. Checking Account hase checking		\$1,500.00

D	ebtor 1	Marino, Vincent	Case number (if known)	
18.	Examp	, mutual funds, or publicly traded stocks oles: Bond funds, investment accounts with bro	kerage firms, money market accounts	
	■ No □ Yes		name:	
19.		ublicly traded stock and interests in incorp	rated and unincorporated businesses, including an interest in	an LLC, partnership, and
	■ No			
	☐ Yes.	Give specific information about them		
		Name of entity:	% of ownership:	
20.	Negoti	nment and corporate bonds and other negriable instruments include personal checks, casegotiable instruments are those you cannot tra	iers' checks, promissory notes, and money orders.	
	■ No			
	☐ Yes.	Give specific information about them		
		Issuer name:		
21.		nent or pension accounts ples: Interests in IRA, ERISA, Keogh, 401(k),	03(b), thrift savings accounts, or other pension or profit-sharing pla	ns
	Yes.	List each account separately.		
		Type of account: 401(k) or Similar Pla	Institution name: 401K Fidelity	\$5,000.00
_		40 1(N) 01 011111111 1 1 1		
22.	Your s Examp ■ No		nat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companies, o Institution name or individual:	rothers
00	A	/ A	As your either for life or for a your horse for some	
23.	. Annuiti ■ No	ies (A contract for a periodic payment of mone	to you, either for life or for a number of years)	
	☐ Yes	Issuer name and description.		
24.		s in an education IRA, in an account in a q C. §§ 530(b)(1), 529A(b), and 529(b)(1).	alified ABLE program, or under a qualified state tuition progra	n.
	■ No □ Yes	Institution name and description	. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts,	, equitable or future interests in property (her than anything listed in line 1), and rights or powers exercis	able for your benefit
	■ No □ Yes	Give specific information about them		
26.		s, copyrights, trademarks, trade secrets, a	d other intellectual property	
		es: Internet domain names, websites, procee		
	☐ Yes.	Give specific information about them		
27.	Examp	es, franchises, and other general intangibles: Building permits, exclusive licenses, coop	s rative association holdings, liquor licenses, professional licenses	
	■ No □ Yes.	Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	. Tax ref ■ No	unds owed to you		
	_	Give specific information about them, including	whether you already filed the returns and the tax years	

De	ebtor 1	Marino, Vincent	Case number (if known)	
29.	Examp	support ples: Past due or lump sum alimony, spousal support, child support, m	aintenance, divorce settlement, property se	ettlement
	■ No □ Yes.	Give specific information		
30.		amounts someone owes you poles: Unpaid wages, disability insurance payments, disability benefits, significant unpaid loans you made to someone else	ck pay, vacation pay, workers' compensatio	n, Social Security benefits;
	_	Give specific information		
31.		sts in insurance policies oles: Health, disability, or life insurance; health savings account (HSA); of	credit, homeowner's, or renter's insurance	
		Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.		terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance	e policy, or are currently entitled to receive pr	operty because someone has
		Give specific information		
33.		s against third parties, whether or not you have filed a lawsuit or moles: Accidents, employment disputes, insurance claims, or rights to su		
	☐ Yes.	Describe each claim		
34.	■ No	contingent and unliquidated claims of every nature, including cou Describe each claim	nterclaims of the debtor and rights to se	t off claims
35.		nancial assets you did not already list		
	■ No □ Yes.	Give specific information		
36		the dollar value of all of your entries from Part 4, including any en		\$6,550.00
Pa	art 5: De	escribe Any Business-Related Property You Own or Have an Interest In. Lis	st any real estate in Part 1.	
	_ ′	own or have any legal or equitable interest in any business-related properto to Part 6.	ty?	
		Go to line 38.		
Pa		escribe Any Farm- and Commercial Fishing-Related Property You Own or F you own or have an interest in farmland, list it in Part 1.	Have an Interest In.	
46.		u own or have any legal or equitable interest in any farm- or comm Go to Part 7.	ercial fishing-related property?	
	☐ Yes	s. Go to line 47.		
Pa	art 7:	Describe All Property You Own or Have an Interest in That You Did Not	List Above	
53.	Examp	have other property of any kind you did not already list? ples: Season tickets, country club membership		
	■ No □ Yes	Give specific information		

Debtor 1 Marino, Vincent		Case number (if known)	
54. Add the dollar value of all of your entries from Part 7. Write that	t number here		\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$0.00
56. Part 2: Total vehicles, line 5	\$0.00		_
57. Part 3: Total personal and household items, line 15	\$700.00		
58. Part 4: Total financial assets, line 36	\$6,550.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54 +	\$0.00		
62. Total personal property. Add lines 56 through 61	\$7,250.00	Copy personal property total	\$7,250.00
63. Total of all property on Schedule A/B . Add line 55 + line 62			\$7,250.00

	Fill in this	information to identif	y your case:				
Del	btor 1	Vincent Marino					
D-1	h.t O	First Name	Middle Name	L	Last Name	}	
	btor 2 ouse if, filing)	First Name	Middle Name	L	_ast Name		
Uni	ited States Banl	kruptcy Court for the:	EASTERN DISTRICT OF NE	W Y	ORK, BROOKLYN DIVISION		
	se number						Check if this is an amended filing
∩f	ficial For	m 106C					
			operty You Cla	im	as Exempt		4/16
orop out a	erty you listed o	n Schedule A/B: Prope	rty (Official Form 106A/B) as yo	ur sou	r, both are equally responsible for sup urce, list the property that you claim a ary. On the top of any additional page:	s exempt. If	more space is needed, fill
spe app func to a	cific dollar amo licable statutor ds—may be un	ount as exempt. Altern by limit. Some exempt limited in dollar amou ar amount and the va	natively, you may claim the fu ions—such as those for healt int. However, if you claim an e	II fair h aid exem	unt of the exemption you claim. O market value of the property bein s, rights to receive certain benefit ption of 100% of fair market value o exceed that amount, your exemp	g exempted s, and tax-e under a law	d up to the amount of any xempt retirement that limits the exemption
Pa	rt 1: Identify	the Property You Cla	im as Exempt				
1.	Which set of e	exemptions are you cl	aiming? Check one only, even	if you	ır spouse is filing with you.		
	☐ You are clair	ming state and federal r	onbankruptcy exemptions. 11 l	J.S.C	C. § 522(b)(3)		
	You are clair	ming federal exemptions	s. 11 U.S.C. § 522(b)(2)				
2.	For any prope	erty you list on Sched	ule A/B that you claim as exer	npt, f	ill in the information below.		
		n of the property and lin nat lists this property	e on Current value of the portion you own	Amount of the exemption you claim Check only one box for each exemption.		Specific la	ws that allow exemption
			Copy the value from Schedule A/B				
	cash		\$50.00			11 USC	§ 522(d)(5)
	Line from Sche	edule A/B. 16.1		•	100% of fair market value, up to any applicable statutory limit		
	hase checki		\$1,500.00			11 USC	§ 522(d)(5)
	Line from Sche	edule A/B. 17.1		•	100% of fair market value, up to any applicable statutory limit		
	401K Fidelit		\$5,000.00			11 USC	§ 522(d)(12)
	Line from Sche	edule A/B: Z1.1			100% of fair market value, up to any applicable statutory limit		
3.	(Subject to adju	ustment on 4/01/19 and you acquire the property	, ,	s filed	d on or after the date of adjustment.) 5 days before you filed this case?		

Official Form 106C

Fill in this in	nformation to ident	ify your case:			
FIII III UIIS II	normation to ident	ny your case.			
_	Vincent Marino First Name	Middle Name Last Nar		.	
Debtor 2	riistivallie	Middle Name Last Nam	iie		
	First Name	Middle Name Last Nar	ne	-	
United States Bankro	uptcy Court for the:	EASTERN DISTRICT OF NEW YORK,	BROOKLYN DIVISION		
				- }	
Case number (if known)					transfer to a co
(ii kilowii)					if this is an led filing
				amend	ieu illing
Official Form 1	106D				
Schedule D	· Creditors	Who Have Claims Secu	red by Propert	V	12/15
ochedate b	. Or Cartors	Who have claims seed	rea by rropert	<u>y</u>	12/13
needed, copy the Addi		two married people are filing together, both and number the entries, and attach it to this form.			
known).	re eleime eeermed bri	value meanants 2			
1. Do any creditors hav	-				
☐ No. Check this —	s box and submit this	s form to the court with your other schedules.	You have nothing else to re	port on this form.	
Yes. Fill in all	of the information be	elow.			
Part 1: List All S	ecured Claims				
2. List all secured clai	ims. If a creditor has m	nore than one secured claim, list the creditor separ	ately Column A	Column B	Column C
for each claim. If more	than one creditor has	a particular claim, list the other creditors in Part 2.	As Amount of claim	Value of collateral	Unsecured
much as possible, list the	ne claims in alphabetic	al order according to the creditor 's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Hyundai Mo	tor Finance	Describe the property that secures the claim:		\$0.00	\$1,470.00
Creditor's Name		leased vehicle			•
PO Box 2080		As of the date you file, the claim is: Check all the	l at		
Newport Bea	ach, CA	apply.			
92660		Contingent			
Number, Street, Cit	y, State & Zip Code	Unliquidated			
Who owes the debt?	Check one	☐ Disputed Nature of lien. Check all that apply.			
_	Official official	☐ An agreement you made (such as mortgage	or secured		
■ Debtor 1 only ■ Debtor 2 only		car loan)	or secured		
Debtor 1 and Debto	r 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	an)		
At least one of the o	,	☐ Judgment lien from a lawsuit	511 <i>)</i>		
☐ Check if this claim		Other (including a right to offset)			
community debt	Tolutoo to u				
B. (1.14 1.1.		to the Botton of the second of the second	NEO.		
Date debt was incurre	ea	Last 4 digits of account number 4(<u>)53</u>		
O O Uhumdai Ma	ton Finance	Describe the property that assures the algimus	# 200.00	£0.00	¢200.00
2.2 Hyundai Mo	tor Finance	Describe the property that secures the claim:	\$260.00	\$0.00	\$260.00
PO Box 2080	09				
Newport Bea	ach, CA	As of the date you file, the claim is: Check all the apply.	at		
92660		Contingent			
Number, Street, Cit	y, State & Zip Code	☐ Unliquidated			
		Disputed			
Who owes the debt?	' Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage car loan)	or secured		
Debtor 2 only		_			
Debtor 1 and Debto		Statutory lien (such as tax lien, mechanic's lie	en)		
At least one of the o		Judgment lien from a lawsuit			
☐ Check if this claim community debt	relates to a	Other (including a right to offset)			
community debt					
Date debt was incurre	ed	Last 4 digits of account number 78	307		

Official Form 106D

Debtor 1 Vincent Marino				Case number (if known)	
	First Name	Middle Name	Last Name		
Add the do	llar value of your entrie	s in Column A on this page	e. Write that number here:	\$1,730.00	7
	e last page of your form number here:	i, add the dollar value totals	s from all pages.	\$1,730.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill ir	n this infor	mation to identify you	ır case:					
Debtor 1	1	Vincent Marino						
		First Name	Middle N	Name	Last Name		_ }	
Debtor 2 (Spouse if,	_	First Name	Middle N	lame	Last Name		_	
United S	States Bank	kruptcy Court for the:	EASTERN	DISTRICT OF NE	W YORK, BRC	OKLYN DIVISION	_	
Case nu	ımber							
(if known)				_				Check if this is an
							a	mended filing
Officia	al Form	106E/F						
		 F: Creditors W	/ha Hava	Hacocuro	d Claims			12/15
						lant 2 fan anaditana wit	h NONDDIODITY alaim	ns. List the other party to
Schedule D: Credito the Conti	G: Executo	ve Claims Secured by Pr ge to this page. If you hav	ired Leases (O operty. If more	fficial Form 106G). space is needed,	Do not include a copy the Part yo	any creditors with par u need, fill it out, nun	tially secured claims to ber the entries in the	that are listed in Schedule boxes on the left. Attach
Part 1:		of Your PRIORITY Un						
_	•	s have priority unsecure	d claims again	st you?				
■ N	lo. Go to Par	rt 2.						
ΠY	es.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims				
3. Do a	iny creditors	s have nonpriority unsec	cured claims aç	gainst you?				
	lo. You have	nothing to report in this pa	art. Submit this	form to the court wit	th your other sche	dules.		
■ Y	es.							
						1.11	Pr. 1	,
unse	cured claim,	nonpriority unsecured cla list the creditor separately holds a particular claim, li	for each claim.	. For each claim liste	ed, identify what t	pe of claim it is. Do no	t list claims already incl	uded in Part 1. If more
								Total claim
4.1	Capital C)ne		Last 4 digits of a	ccount number	9886		\$2.604.00
		Creditor's Name				3000		Ψ2,004.00
	Attn: Bai			When was the de	ebt incurred?	2008-06		_
	PO Box 3	30285 e City, UT 84130-02	25					
		eet City State Zlp Code	.00	As of the date yo	ou file, the claim i	s: Check all that apply		
	Who incurr	ed the debt? Check one.						
	Debtor 1	only		☐ Contingent				
	Debtor 2	only		☐ Unliquidated				
	Debtor 1	and Debtor 2 only		☐ Disputed				
	☐ At least of	one of the debtors and and	other	Type of NONPRIC	ORITY unsecured	d claim:		
	☐ Check if	this claim is for a comr	munity	☐ Student loans				
	debt	subject to offset?		Obligations ari	sing out of a sepa	ration agreement or div	vorce that you did not	
	■ No					g plans, and other simi	lar debts	
	Yes						30010	
☐ Yes ☐ Other. Specify Revolving account					_			

Debtor	Marino, Vincent		Case number (f known)			
4.2	Capital One	Last 4 digits of account number	6543	\$2,446.00		
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285	When was the debt incurred?	2006-04			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	report as priority claims	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other. Specify Revolving	account			
4.3	Cavalry Portfolio Services Nonpriority Creditor's Name	Last 4 digits of account number	9625	\$6,027.00		
	., . ,	When was the debt incurred?	2017-06			
	PO Box 27288					
	Tempe, AZ 85285-7288 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	7.0 0. 1 41 701 , 1 0.11	or o			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	Other. Specify collection:	Synchrony Bank			
4.4	Discover Financial	Last 4 digits of account number	4420	\$4,694.00		
	Nonpriority Creditor's Name	When was the debt incurred?	2015-06			
	PO Box 3025	when was the dept incurred:	2013-00			
	New Albany, OH 43054-3025	_				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No		g plans, and other similar debts			
	Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other Specify Revolving account				
	ല । ടാ	Uther Shecity INCVUIVIIIU	uooouiil			

Debtor	1 Marino, Vincent	Case number (f known)				
4.5	LVNV Funding LLC Nonpriority Creditor's Name	Last 4 digits of account number	4630	\$1,957.00		
	Nonpriority Creditor's Name	When was the debt incurred?	2017-03			
	PO Box 104 Greenville, SC 29602-0104 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	• .			
	Yes	Other. Specify collecxtion	: Credit One Bank			
4.6	Midland Funding Nonpriority Creditor's Name	Last 4 digits of account number	5463	\$938.00		
	Tonphony croance chang	When was the debt incurred?	2017-04-19			
	2365 Northside Dr Ste 300 San Diego, CA 92108-2709 Number Street City State Zlp Code	As of the date you file, the claim i				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community debt	Student loans				
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharin				
	Yes	Other. Specify collection:	Citibank, NA			
4.7	Ray And Flan	Last 4 digits of account number	3589	\$2,387.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 1000 Macarthur Blvd	When was the debt incurred?	2015-05			
	Mahwah, NJ 07430-2035 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin	•			
	☐ Yes	Other Specify Revolving	account			

Debto	Marino, Vincent	Case number (f known)	
4.8	RMCB	Last 4 digits of account number 3871	\$1,184.80
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 1235 Elmsford, NY 10523-0935 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify collection: New Jersey E-Z Pass	
4.9	Schachter portnoy, LLC Nonpriority Creditor's Name	Last 4 digits of account number 2418	\$6,291.79
	Nonpholity Creditor's Name	When was the debt incurred?	
	Soo Summit Lake Dr Ste 4A Valhalla, NY 10595-2323 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify collection: GE Capital Retail Bank	
4.10	Selip & Stylianou	Last 4 digits of account number 7894	\$2,604.04
	Nonpriority Creditor's Name		+-,
	199 Crossways Park Dr Woodbury, NY 11797-2016 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify collection: Calital One Bank (USA)NA	

Debtor	Marino, Vincent		Case number (f known)	
	Synchrony Bank/Lowes Nonpriority Creditor's Name	Last 4 digits of account number	6353	\$2,378.00
	Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	2012-08	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	paration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ing plans, and other similar debts	
	□Yes			
	Yes	Other. Specify Revolving	account	_
Dort 2.	List Others to De Notified About a Del	ht That Van Alvandy Listed		
Part 3:		•		
is tryir have n	is page only if you have others to be notified and to collect from you for a debt you owe to support than one creditor for any of the debts that do not fill out of the debts in Parts 1 or 2, do not fill out or	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the collection agend	by here. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did yo		
Capita	।। One Capital One Dr		Part 1: Creditors with Priority Unsecured C	
	ond, VA 23238-1119	'	Part 2: Creditors with Nonpriority Unsecure	d Claims
		Last 4 digits of account number	9886	
	nd Address	On which entry in Part 1 or Part 2 did yo		
Capita	। One Capital One Dr		Part 1: Creditors with Priority Unsecured C	
	ond, VA 23238-1119		Part 2: Creditors with Nonpriority Unsecure	d Claims
	,	Last 4 digits of account number	6543	
	nd Address ry Portfolio Serv	On which entry in Part 1 or Part 2 did yo Line 4.3 of (<i>Check one</i>):	u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured C	laima
	ox 27288		Part 2: Creditors with Nonpriority Unsecure	
Tempe	e, AZ 85285-7288			d Cidiffis
		Last 4 digits of account number	9625	
	nd Address ver Fin Svcs LLC	On which entry in Part 1 or Part 2 did yo Line 4.4 of (<i>Check one</i>):	u list the original creditor? Part 1: Creditors with Priority Unsecured C	latara
	ox 15316		Part 2: Creditors with Nonpriority Unsecured	
	ngton, DE 19850-5316		. ,	d Claims
		Last 4 digits of account number	4420	
	nd Address	On which entry in Part 1 or Part 2 did yo		
	Funding LLC ox 1269		Part 1: Creditors with Priority Unsecured C	
	ville, SC 29602-1269		Part 2: Creditors with Nonpriority Unsecure	d Claims
	, 00 _000_	Last 4 digits of account number	4630	
Name an	nd Address	On which entry in Part 1 or Part 2 did yo	•	
	nd Funding	Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured C	laims
	lorthside Dr iego, CA 92108-2709	I	Part 2: Creditors with Nonpriority Unsecure	d Claims
Sali Di	lego, CA 92100-2709	Last 4 digits of account number	5463	
Name an	nd Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	/lowes	· · · · · · · · · · · · · · · · · · ·	Part 1: Creditors with Priority Unsecured C	laims
	x 965005		Part 2: Creditors with Nonpriority Unsecure	d Claims
Unanc	do, FL 32896-5005	Last 4 digits of account number	6353	

Debtor 1 Marino, Vincent		Case number (f known)
Name and Address	On which entry in Part 1 or Part 2 did y	_
Tdrcs/raymour & Flanig 1000 Macarthur Blvd	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Mahwah, NJ 07430-2035		■ Part 2: Creditors with Nonpriority Unsecured Claims
·	Last 4 digits of account number	3589

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 33,511.63
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 33,511.63

Fill in th	Fill in this information to identify your case:				
Debtor 1	Vincent Marino				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F NEW YORK, BROOKLYN I	DIVISION	
Case number					
(if known)					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Hyundai Motor Finance Attn: Bankruptcy PO Box 20809 Fountain Valley, CA 92728-0809	Installment account opened 3/1/2016 Credit Limit: \$8,820.00, Remaining Balance: \$1,470.00
2.2	Hyundai Motor Finance Attn: Bankruptcy PO Box 20809 Fountain Valley, CA 92728-0809	Installment account opened 6/1/2013 Credit Limit: \$9,360.00, Remaining Balance: \$246.00

Official Form 106G

F	ill in this information to identif	y your case:			
Debtor 1	Vincent Marino				
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2	lian) First Name	Middle Nesse	Look Nome		
(Spouse if, fi	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT C	OF NEW YORK, BROOKLYN	DIVISION	
Case num (if known)	nber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Code	ebtors			12/15
are filing t and numb	s are people or entities who are ogether, both are equally resp er the entries in the boxes on ber (if known). Answer every q	onsible for supplying co the left. Attach the Addit	prrect information. If more s	pace is needed, copy the	Additional Page, fill it out,
1. Do	you have any codebtors? (If y	ou are filing a joint case, de	o not list either spouse as a co	odebtor.	
□ No	1				
■ Ye	S				
	thin the last 8 years, have you ornia, Idaho, Louisiana, Nevada,				and territories include Arizona,
	o. Go to line 3. s. Did your spouse, former spous	se, or legal equivalent live w	vith you at the time?		
line 2 106D	lumn 1, list all of your codebto again as a codebtor only if th), Schedule E/F (Official Form mn 2.	at person is a guarantor	or cosigner. Make sure you	ı have listed the creditor	on Schedule D (Official Forn
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to Check all schedules that a	whom you owe the debt apply:
3.1	Hyundai Capital Americ 4000 Macarthur Blvd Ste Newport Beach, CA 92660	D-2558		☐ Schedule D, line ☐ Schedule E/F, line _ ■ Schedule G 2.1 Hyundai Motor Finance	
3.2	Hyundai Capital Americ 4000 Macarthur Blvd Ste Newport Beach, CA 92660	D-2558		☐ Schedule D, line ☐ Schedule E/F, line _ ■ Schedule G 2.2 Hyundai Motor Finance	

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Fill	in this information to	identify your cas	se:									
Del	btor 1	Vincent Mari	no				_					
_	btor 2 buse, if filing)						_					
Uni	ited States Bankrupt	ccy Court for the:	EASTERN DISTRICT DIVISION	OF NEW YOR	RK, BROOK	LYN	_					
	se number nown)			-						ed filing	g postpetition (chapter 13
O	fficial Form	106I									virig date.	
	chedule I: `		me						MM / DD/ \	YYYY		12/1
spo atta	use. If you are sepa ch a separate shee	arated and your	re married and not filin spouse is not filing wit n the top of any additio	h you, do not	include in	orma	atior	about	your spou	ise. If more	e space is ne	eded,
1.	Fill in your emploinformation.	oyment		Debtor 1					Debtor 2	2 or non-fil	ling spouse	
	If you have more than one job,	Employment status	■ Employe	ed				☐ Empl	oyed			
	information about	ach a separate page with ormation about additional	Linployment status	☐ Not emp	☐ Not employed				☐ Not e	employed		
	employers.		Occupation	sales								
	Include part-time, self-employed wor		Employer's name	ABC Pho	nes of No	rth (Card	olina				
	Occupation may in homemaker, if it a		Employer's address	8510 Cold 300 Raleigh, I				Ste				
			How long employed th	nere?					_			
Pa	rt 2: Give Det	ails About Mont	hly Income									
	mate monthly inco		e you file this form. If y	ou have nothin	g to report f	or an	y line	e, write \$	60 in the sp	ace. Include	e your non-filir	ng spouse
	ou or your non-filing s ce, attach a separate		than one employer, comb	oine the inform	ation for all	emplo	oyers	for that	t person on	the lines be	elow. If you ne	ed more
								For De	ebtor 1		otor 2 or ng spouse	
2.			, and commissions (be culate what the monthly			2.	\$;	3,219.00	\$	N/A	
3.	Estimate and list	monthly overtin	пе рау.			3.	+\$		0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add line	2 + line 3.			4.	\$	3,2	219.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debt	tor 1	Marino, Vincent	_	С	ase number (if k	nown)			
	Con	y line 4 here	4.	ļ	For Debtor 1	9.00		ebtor 2 or iling spouse N/A	_
5.		all payroll deductions:			,	<u> </u>	·	147	<u> </u>
5.		• •			Φ 00		Φ.		
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b			5.14	\$	N/A	_
		·			:	8.77	· · · · · · · · · · · · · · · · · · ·	N/A	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d		: 	0.00	\$	N/A	
	5u. 5e.	Insurance	5e		: 	0.00 3.08	φ	N/A	
	5f.	Domestic support obligations	5f.		·	0.00	Ψ	N/A	
	5g.	Union dues	5g		ː 	0.00	<u>\$</u> —	N/A	
	5h.	Other deductions. Specify:	5h		·	0.00	+ \$	N/A	
^		. ,	_		-		· -		
6. -		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			6.99	\$	N/A	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	(2,34	2.01	\$	N/A	<u>4</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$	N//	Δ
	8b.	Interest and dividends	8b		*	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				0.00	\$	N/A	_
	8d.	Unemployment compensation	8d		\$	0.00	\$	N/A	Ā
	8e.	Social Security	8e			0.00	\$	N/A	A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$	N//	A
	8g.	Pension or retirement income	— 8g		\$	0.00	\$	N/A	A
	8h.	Other monthly income. Specify:	8h	.+	\$	0.00	+ \$	N/A	A
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$	N.	/A
10	Cald	culate monthly income. Add line 7 + line 9.	10.	2	2,342.01	ء اـ [N/A = \$	2.342.01
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	2,342.01	┤` ゛		- 14	2,342.01
11.	Stat Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available.	epende		•	•		e J. 11. +\$ _	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The result is the thing of the same of the sa						12. \$	2,342.01
								Comb	oined nly income
13.	Do y	you expect an increase or decrease within the year after you file this form' No. Yes. Explain:	?						,

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:			
Deb	otor 1 Vincent Marino		Check if this is:	
Dah		I .	An amended filing	de la compania de la
	ouse, if filing)		A supplement shov expenses as of the	ving postpetition chapter 13 following date:
ļ	TACTEDIA DIOTOTO OF NEW YORK	NDIK.		
Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YC BROOKLYN DIVISION	PKK,	MM / DD / YYYY	
	e number nown)			
(,			
\bigcirc	fficial Form 106J			
	chedule J: Your Expenses			12/1
info	as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this formown). Answer every question.	iling together, both are eq rm. On the top of any addi	ually responsible for tional pages, write yo	supplying correct ur name and case numbe
Par	t 1: Describe Your Household			
1.	Is this a joint case?			
	No. Go to line 2.			
	☐ Yes. Does Debtor 2 live in a separate household?			
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	or Separate Householdof De	ebtor 2.	
2.	Do you have dependents? ■ No			
	Do not list Debtor 1 and Yes. Fill out this information for	Dependent's relationship t	o Dependent's	Does dependent
	Debtor 2.	Debtor 1 or Debtor 2	age	live with you?
	Do not state the			□ No
	dependents names.			☐ Yes
				□ No
				☐ Yes
				□ No
				☐ Yes ☐ No
				□ No □ Yes
3.	Do your expenses include ■ No			□ res
-	expenses of people other than			
	yourself and your dependents?			
Par	t 2: Estimate Your Ongoing Monthly Expenses			
exp	imate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supple olicable date.			
Inc	lude expenses paid for with non-cash government assistance if y	ou know the		
val	ue of such assistance and have included it on Schedule I: Your Ir		V	
(Of	ficial Form 106l.)		Your exp	enses
4.	The rental or home ownership expenses for your residence. Inc	lude first mortaage		
٠.	payments and any rent for the ground or lot.		1. \$	800.00
	If not included in line 4:			
	4a. Real estate taxes	4	a. \$	0.00
	4b. Property, homeowner's, or renter's insurance		D. \$	0.00
	4c. Home maintenance, repair, and upkeep expenses	40	c. \$	0.00
	4d. Homeowner's association or condominium dues		d. \$	0.00
5.	Additional mortgage payments for your residence, such as home	e equity loans	5. \$	0.00

Deb	tor 1	Marino, Vincent Cas	se num	ber (if known)	
6.	Utilit	es;			
-	6a.	Electricity, heat, natural gas	6a.	\$	0.00
	6b.	Water, sewer, garbage collection	6b.	\$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	500.00
8.	Child	care and children's education costs	8.	\$	0.00
9.	Cloth	ing, laundry, and dry cleaning	9.	\$	250.00
10.	Pers	onal care products and services	10.	\$	100.00
11.	Medi	cal and dental expenses	11.	\$	50.00
12.		sportation. Include gas, maintenance, bus or train fare.	12	•	250.00
40		t include car payments.	12.		
		tainment, clubs, recreation, newspapers, magazines, and books	13.		100.00
		table contributions and religious donations	14.	\$	40.00
15.	Insui Do n	arrce. It include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	\$	0.00
		Health insurance	15b.		0.00
		Vehicle insurance	15c.	\$	130.00
		Other insurance. Specify:	15d.	·	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.		·	0.00
	Spec	, , ,	16.	\$	0.00
17.		Car payments for Vehicle 1	17a.	\$	250.00
		Car payments for Vehicle 2	17b.	\$	0.00
		Other. Specify:	17c.	\$	0.00
		Other. Specify:	17d.		0.00
18.		payments of alimony, maintenance, and support that you did not report as		·	
		cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
19.		payments you make to support others who do not live with you.		\$	0.00
	Spec	,	19.		
20.		real property expenses not included in lines 4 or 5 of this form or on Schedule and Mortgages on other property	i: You 20a.		0.00
		Real estate taxes	20a. 20b.	·	0.00
			20b.		0.00
		Property, homeowner's, or renter's insurance	20d.		0.00
		Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues	20a. 20e.	·	0.00
21			206.		0.00
۷۱.	Othe	:: Specify:	۷۱.	+φ	0.00
22.	Calc	late your monthly expenses			
		Add lines 4 through 21.		\$	2,570.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,570.00
23.		late your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.		2,342.01
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,570.00
	23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	-227.99
		The result is your monthly net income.	200.	*	
24.	For exmodif	ou expect an increase or decrease in your expenses within the year after you file ample, do you expect to finish paying for your car loan within the year or do you expect your mort cation to the terms of your mortgage?			ease or decrease because of a
	■ N				
	☐ Ye	s. Explain here:			

	nformation to identify ye	our case:			
Debtor 1	Vincent Marino First Name	Middle News	Loot Nome		
Dobtor 2	First Name	Middle Name	Last Name	ł	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK, BROOKLY	'N DIVISION	
	, ,		<u>-</u>		
Case number					
(II KIIOWII)					Check if this is an amended filing
f two married po	tion About a	, both are equally respon		ct information. Naking a false stateme	ent, concealing property, or or imprisonment for up to 20
	8 U.S.C. §§ 152, 1341, 19 gn Below	519, and 3571.			
Did you pa	ay or agree to pay some	one who is NOT an attorr	ney to help you fill out ba	nkruptcy forms?	
■ No					
Yes.	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sumr	nary and schedules filed	with this declaration a	and
	ncent Marino		X		
	nt Marino ure of Debtor 1		Signature of I	Debtor 2	
Date _	February 12, 2019		Date		

	Fill in this information to identify your case:		
Debt			
DODE	First Name Middle Name Last Name		
Debt	or 2 se if, filing) First Name Middle Name Last Name		
Unite	ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION		
Case (if know	e number wn)	□ Cl	neck if this is an
,		_	nended filing
Offi	icial Form 106Sum		
Sun	nmary of Your Assets and Liabilities and Certain Statistical Information		12/15
inforr	complete and accurate as possible. If two married people are filing together, both are equally responsible for a mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended original forms, you must fill out a new Summary and check the box at the top of this page. 1: Summarize Your Assets		
· art		Vai	ur assets
			ue of what you own
1.	Schedule A/B: Property (Official Form 106A/B)		
	1a. Copy line 55, Total real estate, from Schedule A/B	\$ _	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	7,250.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	7,250.00
Part	2: Summarize Your Liabilities		
		You	ur liabilities
			ount you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	1,730.00
		-	·
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	33,511.63
	Your total liabilities	\$	35,241.63
5 /			
Part	3: Summarize Your Income and Expenses		
	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$_	2,342.01
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,570.00
Part -		-	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of	her sch	edules.
_	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal,	family, or household

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debt	or 1	Marino, Vincent	Case number (if known)	
		the Statement of Your Current Monthly Income: Copy-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line		\$ 3,219.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in thi	s information to identi	fy your case:			
Debtor 1	Vincent Marino				
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	nkruptcy Court for the:		NEW YORK, BROOKLYN D	IVISION	
United States Da	inkruptcy Court for the.	LASTERN DISTRICT OF	NEW TORK, BROOKETH D	TVISION	
Case number (if known)				_	Check if this is an amended filing
	of Financial	Affairs for Individ			4/16
information. If m (if known). Answ Part 1: Give I	ore space is needed, er every question. Details About Your Ma	ole. If two married people are attach a separate sheet to the attach a separate sheet to the attach at attach at the attach at a	is form. On the top of any a		
1. What is you	r current marital statu	s?			
☐ Married ☐ Not ma					
2. During the la	ast 3 years, have you	lived anywhere other than w	here you live now?		
□ No					
_	t all of the places you liv	ved in the last 3 years. Do not in	nclude where you live now.		
Debtor 1 Pr	ior Address:	Dates Debtor 1 I there	ived Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
19 Boutor Staten Isl	n Ln and, NY 10312-229	From-To: 2016	☐ Same as Debtor	l	☐ Same as Debtor 1 From-To:
No Yes. Ma Part 2 Explai 4. Did you hav Fill in the tota If you are fillin No	in the Sources of You e any income from en al amount of income yo	nployment or from operating u received from all jobs and al lave income that you receive to Debtor 1 Sources of income	cial Form 106H). Ja business during this yeall businesses, including part-tigether, list it only once under	o, Texas, Washington and War or the two previous calenime activities. Debtor 1. Debtor 2 Sources of income	dar years? Gross income
		Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$4,965.00	☐ Wages, commissions, bonuses, tips	and cacidations)
		☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Ma	arino, Vinc	ent		Cas	e number (if known)		
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
For last calend (January 1 to		31, 2018)	■ Wages, commissions, bonuses, tips	\$30,742.97	☐ Wages, combonuses, tips	nissions,	
			☐ Operating a business		☐ Operating a l	ousiness	
For the calend (January 1 to			■ Wages, commissions, bonuses, tips	\$29,711.34	☐ Wages, comi	nissions,	
			☐ Operating a business		Operating a b	ousiness	
For the calend (January 1 to		31, 2016)	■ Wages, commissions, bonuses, tips	\$19,302.00	☐ Wages, comi	nissions,	
			☐ Operating a business		Operating a l	ousiness	
■ No □ Yes.	Fill in the de	tails.	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and	Debtor 2 Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
				exclusions)			,
Part 3: List	Certain Pa	yments You	ı Made Before You Filed for E	Bankruptcy			
6. Are either ☐ No.	Neither De	btor 1 nor l	e's debts primarily consumer Debtor 2 has primarily consult personal, family, or household	mer debts. Consumer debts	are defined in 11 U.	S.C. § 101(8	e) as "incurred by an
	•	•	ore you filed for bankruptcy, did	you pay any creditor a total of	\$6,425* or more?		
	□ _{No.} □ _{Yes}	Go to line	7. each creditor to whom you paid	a total of \$6.425* or more in o	one or more paymen	its and the to	tal amount you naid that
		creditor. D	to not include payments for don to an attorney for this bankrupto at on 4/01/19 and every 3 years a	mestic support obligations, su y case.	uch as child support	and alimony	
Yes.			or both have primarily consulting you filed for bankruptcy, did		\$600 or more?		
	■ No.	Go to line	7.				
	□ Yes	payments	each creditor to whom you paid for domestic support obligations uptcy case.				
Creditor'	s Name and	l Address	Dates of payme	ent Total amount	Amount you still owe	Was this p	ayment for

Del	btor 1 Marino, Vincent	Case number (if known)				
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general part which you are an officer, director, person in con business you operate as a sole proprietor. 11 U	ners; relatives of any general trol, or owner of 20% or more	partners; partnershi e of their voting secu	ips of which you are urities; and any mana	a general partne aging agent, incl	uding one for a
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	nis payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosic				count of a debt	that benefited an
	_	ned by an insider.				
	NoYes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes.					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	Cavalry SPV I, LLCv. Vincent Marino 002224/18	consumer debt	Civil Court, Ri County	chmond	☐ Pending ☐ On appeal ☐ Concluded	
	Capital One Bank (USA) NA v. Vicent Marino	consumer debt	Civil Court Ric County	hmond	☐ Pending ☐ On appea ☐ Conclude	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		ty repossessed, fo	reclosed, garnish	ed, attached, s	eized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				
	Cavalry SPV I, LLC 111 John St	wage garishment		2/5/1	9	\$6,804.50
	New York, NY 10038-3101	☐ Property was reposses☐ Property was foreclose☐ Property was garnishe☐ Property was attached.	ed. d.			
	Cavalry SPV I, LLC 111 John St	wage garishment		2/5/1	9	\$6,804.50
	New York, NY 10038-3101	☐ Property was reposses☐ Property was foreclose☐ Property was garnishe☐ Property was attached.	ed. d.			

90 days before you filed for bankrupt ts or refuse to make a payment becau	cy, did any creditor, including a bank or financial inst		
ts or refuse to make a payment becau	cy, did any creditor, including a bank or financial inst		
)	se you owed a debt?	itution, set off any amo	ounts from your
es. Fill in the details.			
or Name and Address	Describe the action the creditor took	Date action was taken	Amount
1 vear before vou filed for bankruptcy	, was any of your property in the possession of an as		of creditors, a
ppointed receiver, a custodian, or and		-	
)			
S			
ist Certain Gifts and Contributions			
•	y, did you give any gifts with a total value of more that	an \$600 per person?	
•	Describe the gifts	Dates you gave the gifts	Value
n to Whom You Gave the Gift and			
	y, did you give any gifts or contributions with a total	value of more than \$60	00 to any charity?
	oution.		
or contributions to charities that total han \$600	Describe what you contributed	Dates you contributed	Value
y's Name SS (Number, Street, City, State and ZIP Code)			
1 year before you filed for bankruptcy bling?	or since you filed for bankruptcy, did you lose anyth	ling because of theft, f	re, other disaster,
es. Fill in the details.			
ne loss occurred	lude the amount that insurance has paid. List pending	Date of your loss	Value of property lost
•		<u> </u>	
ted about seeking bankruptcy or prep	aring a bankruptcy petition?	,, ,	to anyone you
)			
es. Fill in the details.			
n Who Was Paid	Description and value of any property	Date payment or	Amount of
ss or website address n Who Made the Payment, if Not You	transferred	made	payment
n B. Zazzera, Esq. ose Ave Ste 3 n Island, NY 10306-2900	legal fee		\$1,750.00
path	credit counseling		\$50.00
S il 20 S Vn ns 20 S Dilys il 1k os il 1ka os ns Cn nor	ist Certain Gifts and Contributions 2 years before you filed for bankrupto 3. Fill in the details for each gift. 3. Fill in the details for each gift. 4 to Whom You Gave the Gift and is: 5. Fill in the details for each gift or contributions to charities that total han \$600 6 y's Name 7 (Number, Street, City, State and ZIP Code) 8 (Sist Certain Losses 9 year before you filed for bankruptoyoling? 9 (Sist Certain Losses 1 year before you filed for bankruptoyoling? 1 year before you filed for bankruptoyoling? 1 year before you filed for bankruptoyoling? 1 year before you filed for bankruptoyoling sist Certain Payments or Transfers 1 year before you filed for bankruptoy ed about seeking bankruptoy or prepared about seeking bankruptoy petition prepared in the details. 5 year before you filed for bankruptoy ed about seeking bankruptoy petition prepared in the details. 6 year before you filed for bankruptoy ed about seeking bankruptoy petition prepared in the details. 6 year before you filed for bankruptoy ed about seeking bankruptoy petition prepared in the details. 6 year before you filed for bankruptoy ed about seeking bankruptoy or prepared in the details. 6 year before you filed for bankruptoy or prepared in the details. 6 year before you filed for bankruptoy or prepared in the details. 6 year before you filed for bankruptoy or prepared in the details. 6 year before you filed for bankruptoy or prepared in the details. 6 year before you filed for bankruptoy or prepared in the details. 7 year before you filed for bankruptoy or prepared in the details. 8 year before you filed for bankruptoy or prepared in the details. 9 year before you filed for bankruptoy or prepared in the details. 9 year before you filed for bankruptoy or prepared in the details. 9 year before you filed for bankruptoy or prepared in the details. 9 year before you filed for bankruptoy or prepared in the details. 9 year before you filed for bankruptoy or prepared in the details. 9 year before you filed for bankruptoy or prepared in the details.	ist Certain Gifts and Contributions 2 years before you filed for bankruptcy, did you give any gifts with a total value of more the fifth a total value of more than \$600 per	ist Certain Gifts and Contributions 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? 5. Fill in the details for each gift. 1 to Whom You Gave the Gift and size of the gifts or contributions with a total value of more than \$600 per person? 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 per person? 5. Fill in the details for each gift or contribution. 7 contributions to charities that total han \$600 /s Name is (Number, Street, City, State and ZIP Code) 8. Fill in the details for each gift or contribution. Describe what you contributed ontributed ontributed ontributed. Dates you contributed ontributed ontributed. Dates you contributed ontributed ontributed. Dates you contributed of the service of the gifts of the gifts of the gifts. Fill in the details. The performance of the fill of the gifts of the gifts or contributed ontributed ontributed. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Date of your loss occurred of the gifts of pending agencies for services required in your bankruptcy. Date payment or transfer services bankruptcy. Description and value of any property transfer was made Description and value of any property transfer was made Date payment or transfer was made Description and value of any property transfer was made Date payment or transfer was made

Official Form 107

Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP

cash, or other valuables?

No

Debtor 1

Address

П

Address

Nο

П

Yes. Fill in the details.

Name of Financial Institution Who else had access to it? Describe the contents Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State have it? and ZIP Code)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Name of Storage Facility Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City, State

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for

Debtor 1 Marino, Vincent		Case number (if known)					
	someone.						
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Pai	rt 10: Give Details About Environmental Informa	ition					
For	the purpose of Part 10, the following definitions a	apply:					
	Environmental law means any federal, state, or I toxic substances, wastes, or material into the air controlling the cleanup of these substances, was	r, land, soil, surface water, groundv	•				
	Site means any location, facility, or property as o own, operate, or utilize it, including disposal site		aw, whether you now own, operate, or	utilize it or used to			
	Hazardous material means anything an environr material, pollutant, contaminant, or similar term.		waste, hazardous substance, toxic su	bstance, hazardous			
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of when t	they occurred.				
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ntal law?			
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any	release of hazardous material?					
	■ No						
	Yes. Fill in the details.						
	Name of site	Governmental unit	Environmental law, if you	Date of notice			
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)	d know it				
26.	Have you been a party in any judicial or adminis	trative proceeding under any envir	onmental law? Include settlements ar	nd orders.			
	■ No						
	Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Pai	rt 11: Give Details About Your Business or Conr	nections to Any Business					
27.			of the following connections to any	husiness?			
	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or o	•					

Del	otor 1 Marino, Vincent	Cas	se number (if known)
	No. None of the above applies. Go to Pa	art 12.	
	\square Yes. Check all that apply above and fill	in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, City, State and 21r Code)	Name of accountant or bookkeeper	Dates business existed
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.	ry, did you give a financial statement to any	one about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	t 12: Sign Below		
true ban		statement, concealing property, or obtaini	clare under penalty of perjury that the answers are ng money or property by fraud in connection with a oth.
	Vincent Marino		
	cent Marino nature of Debtor 1	Signature of Debtor 2	
Dat	Eebruary 12, 2019	Date	
Did ■ N		nt of Financial Affairs for Individuals Filing I	for Bankruptcy (Official Form 107)?
Did ■ N	•		
ΠY	es. Name of Person Attach the Bankrup	tcy Petition Preparer's Notice, Declaration, and	d Signature (Official Form 119).

Fill in this info	ormation to identify your case:		Ch	a alc an	a hay anly an d	iroatad in this farm an	lin Form
Debtor 1	Vincent Marino			ieck on 2A-1St		irected in this form and	i in Form
	VIIICEIR MAIIIIO			_			
Debtor 2 (Spouse, if filing)				■ 1. T	here is no presi	umption of abuse	
United States	Eastern District of Division	New York, Brook	klyn	á	applies will be m	o determine if a presul nade under <i>Chapter 7 l</i> cial Form 122A-2).	•
Case numbe (if known)	r					does not apply now beout it could apply later.	cause of qualified
				☐ Ch	eck if this is a	n amended filing	
Official I	Form 122A - 1						
Chapte	r 7 Statement of Your Cur	rent Mor	nthly Inc	omo	9		12/15
a separate she number (if kno military service	e and accurate as possible. If two married people a et to this form. Include the line number to which th wn). If you believe that you are exempted from a p e, complete and file Statement of Exemption from a Calculate Your Current Monthly Income	ne additional infor resumption of abo	mation applies. use because yo	On the u do no	top of any additi	ional pages, write your consumer debts or beca	name and case ause of qualifying
1. What is	your marital and filing status? Check one on	ly.					
■ Not	married. Fill out Column A, lines 2-11.						
☐ Marr	ried and your spouse is filing with you. Fill ou	it both Columns	A and B, lines	2-11.			
☐ Marr	ried and your spouse is NOT filing with you.	You and your s	pouse are:				
□Li	ving in the same household and are not legal	Ily separated. F	ill out both Col	umns A	and B, lines 2-	11.	
р	ving separately or are legally separated. Fill of enalty of perjury that you and your spouse are legpart for reasons that do not include evading the N	ally separated ur	nder nonbankru	ptcy lav	v that applies or		
101(10A). F 6 months, a	verage monthly income that you received from all for example, if you are filing on September 15, the 6-m dd the income for all 6 months and divide the total by the rental property, put the income from that property in	nonth period would 6. Fill in the result.	be March 1 throu Do not include a	ugh Aug ny incor	ust 31. If the amone amount more t	unt of your monthly incom han once. For example, it	ne varied during the
				Colur		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, a leductions).	and commission	ns (before all	\$	3,219.00	\$	
3. Alimon	y and maintenance payments. Do not include B is filled in.	payments from a	a spouse if	\$	0.00	\$	
of you of from an roomma	nunts from any source which are regularly pa or your dependents, including child support. unmarried partner, members of your household, ates. Include regular contributions from a spouse nclude payments you listed on line 3	Include regular	contributions	າ. \$	0.00	\$	
5. Net ince	ome from operating a business, profession, o						
_			otor 1				
	eceipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	y and necessary operating expenses		Copy here ->	. \$	0.00	\$	
	nthly income from a business, profession, or fare ome from rental and other real property	m \$	oopy note >	Ψ	0.00	Ψ	
6. Net ince	one non remarand other real property	Dek	otor 1				
Gross re	eceipts (before all deductions)	\$ 0.00					
	y and necessary operating expenses	-\$ 0.00					
-	nthly income from rental or other real property	\$ 0.00	Copy here ->	•\$	0.00	\$	
7. Interest	t, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing sp	oouse
8.	Unemployment compensation			\$	0.00	\$	
	Do not enter the amount if you contend that the amount re Social Security Act. Instead, list it here:	eceived was a benefi	t under the				
	For you\$		0.00				
	For your spouse \$						
9.	Pension or retirement income. Do not include any amounder the Social Security Act.	ount received that wa	s a benefit	\$	0.00	\$	
10.	Income from all other sources not listed above. Specinot include any benefits received under the Social Securit a victim of a war crime, a crime against humanity, or inter If necessary, list other sources on a separate page and processing the sources of the sou	ty Act or payments re national or domestic	eceived as	\$	0.00	\$	
	·			Ψ		\$	
	Total account for a constant of the			Φ	0.00	· ———	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	ı
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the tot	al for Column B.	\$	3,219.00	+ \$		Total current monthly income
Part	2: Determine Whether the Means Test Applies to	You					
12.	Calculate your current monthly income for the year.	Follow these steps:				I	
	12a. Copy your total current monthly income from line 1	1		Сору	line 11 h	ere=>	\$3,219.00_
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of the	form				12b.	\$ 38,628.00
13.	Calculate the median family income that applies to y	ou. Follow these ste	eps:			'	
	Fill in the state in which you live.	NY					
	Fill in the number of people in your household.	1				ı	
	Fill in the median family income for your state and size of To find a list of applicable median income amounts, go form. This list may also be available at the bankruptcy of	online using the link		n the separate	e instruction	13. ons for this	\$53,132.00
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. Of Go to Part 3.	n the top of page 1,	check box	1T,here is no p	resumptio	n of abuse.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box	: 2Ţhe presı	ımption of abı	use is dete	ermined by Fori	m 122A-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury the	at the information or	n this staten	nent and in ar	y attachm	ents is true and	d correct.
	X /s/ Vincent Marino				•		
	Vincent Marino Signature of Debtor 1						
	Date February 12, 2019 MM / DD / YYYY						
	If you checked line 14a, do NOT fill out or file Form	n 122A-2					
	If you checked line 14b, fill out Form 122A-2 and fi						
	ii you onconcu iiio 170, iii out i oiiii 122A-2 aliu li	io it with this follow.					

Marino, Vincent

Debtor 1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York, Brooklyn Division

In re	Marino, Vincent	•	Case No.	
	mainie, vincent	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPEN	NSATION OF ATTO	ORNEY FOR I	DEBTOR
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(becompensation paid to me within one year before the filing per rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be pa	id to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,750.00
	Prior to the filing of this statement I have received		\$	1,750.00
	Balance Due		\$	0.00
. '	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
. ,	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
	■ I have not agreed to share the above-disclosed comper firm.	nsation with any other persor	n unless they are me	mbers and associates of my law
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
	In return for the above-disclosed fee, I have agreed to rend	der legal service for all aspec	cts of the bankruptcy	v case, including:
1	a. Analysis of the debtor's financial situation, and rendering. Preparation and filing of any petition, schedules, statem Representation of the debtor at the meeting of creditors d. [Other provisions as needed]	nent of affairs and plan whic	h may be required;	
. :	By agreement with the debtor(s), the above-disclosed fee of	does not include the following	ng service:	
		CERTIFICATION		
	certify that the foregoing is a complete statement of any anahruptcy proceeding.	agreement or arrangement fo	or payment to me for	r representation of the debtor(s) in
F	ebruary 12, 2019	/s/ Kevin Zazzera	l	
\overline{D}	ate	Kevin Zazzera Signature of Attorna Kevin B. Zazzera		
		182 Rose Ave Sto Staten Island, NY		
		kzazz007@yahod	o.com	
		Name of law firm	·	